

ELECTRONIC DISPUTE FORM

ELECTRONIC FUNDS TRANSFER DISPUTE FORM

Customer's Information

NAME : _____

ACCOUNT NUMBER _____

ADDRESS : _____
Street APT or Suite #

HOME PHONE NO. _____

City State ZIP

WORK PHONE NO. _____

Transaction Information

Date of Transaction	Amount	Type of EFT <small>POS, Debit Card, ACH, Wire</small>	(ATM,	Posting Date

Customer Statement

Reason for Dispute : _____

This Section for ATM/Debit Card Disputes Only

ATM/Debit Card Number _____

ATM/Merchant Location _____

Declaration of Unauthorized Use (Please indicate by making a check in the boxes below)

- I had possession of my ATM/Debit Card indicated above at the time the described transaction occurred.
- I had possession of my PIN number at the time the described transaction took place.
- My PIN was accessible to an unauthorized user.
- My PIN was written on the card.

Customer Acknowledgment

I suspect the EFT transaction(s) described is an error for the reasons indicated above. I have received an Error Resolution Notice and understand my rights and liabilities. By signing below, I agree to accept the results of this investigation and the accountability for the full amount disputed if no error is found. I understand I may request for documentation used in Bank's investigation.

Customer Signature _____

Date _____